

Idaho EMSAC News

Emergency Medical Services Advisory Committee Newsletter

The Emergency Medical Services Advisory Committee, established by IDAPA 16.02.03.100

A statewide committee appointed by the Director of the Department of Health and Welfare "to provide counsel to the Department in administering the EMS act"

EMS Bureau Reorganization

Reorganization promises improved customer service

The EMS Bureau has experienced regional operations challenges in manpower and getting the work done. With the resignation of the Regional Consultant and Administrative Assistant (AA) in Coeur d'Alene came an opportunity to reorganize

and the five regions were redefined to three areas of more equitable size for system development activities. The state was then divided into two regions for regulatory purposes. The physical office is closed in Coeur d'Alene. The former Regional Operations section has the

same manpower, but is housed separately in Systems Development and Standards & Compliance sections.

Once the bureau completes the reorganization and hiring processes, notices will be sent Statewide to local EMS agencies.

Meeting Dates

- October 11, 2007
Ameritel Boise Spectrum
7409 Overland Rd, Boise
- February 7, 2008
TBD

Call your regional EMS office for more information

POST—Physician Order Scope of Treatment

POST takes effect July 1, 2007

Inside this issue:

EMS Bureau Reorganization	1
POST	1-2
ICEE	2
EMSAC and Bureau Staff Changes	2
EMS Agency Licensure Rules Revision Project	3
Volunteer Scholarship Program	3
Licensure Subcommittee Report	3
EMSC Subcommittee Report	4
Grants Subcommittee Report	4-5

The 2006 Legislature determined that there was a disparity in various end of life initiatives and numerous sections of Idaho code addressing end of life issues, such as living wills, durable powers of attorney, and Do Not Resuscitate (DNR) Orders. There are also fragmented processes involved in the management of living wills and DNRs.

The legislature appointed a multidisciplinary task force (HCR 40) to create a universal advance directive that is effective in all health care facilities. The 2007 Legislature passed the Physician Order for Scope of Treatment (POST) legislation (§39-4501- §39-4515).

POST gives increased control

over end of life decisions. It is an easy to use one page form. Section A is the DNR portion. Sections B and C discuss other interventions and treatment choices.

Additional advantages are:

POST is portable, transferring between all care settings. No new DNR is required in any setting.

A POST form is a physician's order and must be followed by all medical care providers.

Completing a POST requires only one form, so patients are not overwhelmed with multiple forms.

POST legislation protects all care providers from civil and criminal liability as long as their actions are in

good faith.

With POST, care providers are given the ability to honor the wishes of patients with legal protection against reprisal or litigation.

POST is written in common, everyday language.

Choices are clear and concise.

The patient is able to make specific decisions pertaining to specific situations.

POST addresses comfort care and pain management.

Decisions are made in advance of a terminal condition while the patient is still capable of making informed choices.

Discussion with attending physician provides an opportunity to voice concerns and clarify areas of confusion.

(Continued on page 2)

POST con't

(Continued from page 1)
sion

With POST, patients can feel comfortable that they are making informed decisions and that their wishes will be understood and respected.

It removes the burden of making treatment decisions by the patient's family.

It allows the patient to indicate specific care preferences for specific situations, so the family can be confident the patient's wishes are being respected.

The only jewelry currently available is a hospital band type that is removable. The EMS Bureau plans to develop jewelry similar

to the Comfort One/DNR bracelet.

The POST form is available on the internet (password protected). The website is <http://www.sos.idaho.gov/online/hcdr/getpostform.isp>

Information about the POST form is available at: www.idahoems.org.

The POST can be registered with the Secretary of State. The Secretary of State issues a wallet card. www.idsos.state.id.us

Educational materials are being developed by the EMS Bureau.

Comfort One/DNRs written prior to July 1, 2007 are still valid.

Wayne Denny asked members to review patient treatment guidelines and give feedback to him by email.

Currently the Bureau hasn't done an outreach to consumers but has given information to EMS agencies and health care facilities. A press release was sent out.

EMSAC Discussion

After some discussion, the committee agreed on the language and format for the updated Idaho DNR patient care guidelines. The guideline is available at IdahoEMS.org under POST information



A POST form is a physician's order and must be followed by all medical care providers

ICEE (Idaho Consortium on EMS Education)

ICEE plans three instructor education seminars

Tawni Newton gave an informational presentation and distributed materials.

ICEE is a vehicle to streamline approval of courses held at colleges, universities, and proprietary schools in Idaho but has not been implemented yet.

There is opportunity for more community involvement. There are three instructor educational seminars being planned. ICEE members will be teaching some of the modules and will coordinate with local instructors to start building bridges.

The adult methodology course

is being promoted. Lewis-Clark State College (LCSC) has an on-line course and a peer review presentation. The Bureau needs to review and market the course. Other models are also available that will be reviewed and promoted.

EMSAC members and Bureau Staff Changes

EMSAC

Welcome to Denise Gill, the new member representing Idaho Association of Counties (IAC). Certificates of appreciation were given to Cindy Marx and Scott Long whose terms expire June 2007. Request for nominations will be mailed out the first of August.

EMS Bureau Departures

Nick Nudell, Regional Operations Manager
Patricia Bowen, Region 6/7 AA
Jim Kozak, Region 1
Regional Consultant
Shaina Livermore, Region 1 AA

EMS Bureau Vacancies

System Development Program Manager
Standards and Compliance Specialist
Region 6/7 AA
System Development AA
Regional Consultant



EMS Agency Licensure Rules Revision Project

The Task Force convened Dec 7, 2006. There are no current specific rules or standards for EMS air ambulance licensing. The Task Force is drafting revisions to IDAPA 16.02.03, Sections 100 and 301 about EMS agency licensing standards.

Nine members were selected from around the state. Mark Johnson, INL Fire Department, is the chair. Other members are Mike McGrane, Air Ambulance Services; David Kim, ACEP; Tom Allen, IFCA; Toni Lawson & Nanette Hiller, IHA. EMS Bureau representatives are Dia Gainor, Wayne Denny, Tawni Newton, Andy Edgar, Rachel King & Ken Mordan, Rule Specialist.

Unaddressed areas of EMS agency licensing need more definition such

as advertising, out of state EMS agencies coming into Idaho, allowable exemptions, problem resolution, EMSAC's role, contemporary equipment list, staffing and vehicle deployment minimum standards, use of ambulance based clinicians at the BLS and ILS level, agency upgrade for transport status or clinical level process and/or criteria, consequences for lapsed license, operating without a license, response types for agencies, applicants pursuing approval prior to meeting minimum eligibility requirements, agency misunderstanding of rules and/or policy, requests for exemptions not allowed by existing rules and the EMSAC debate over compliance issues.

The goal of the Task Force is development of reasonable regulation

for EMS crew and patient safety, guidance and tools for prospective applicants and existing agencies, clear policy defined in the Licensure Standards Manual, support and integration with federal regulation, existing statute, code, rule and national standards. The Task Force will address definitions, EMS agency licensing ~ general requirements, application and renewal, inspections, administrative plan, operational plan, medical supervision, system integration and collaboration and education.

An inquiry was made about a Commission on Accreditation of Medical Transport Systems (CAMTS) inspection. Idaho law still requires the EMS Bureau to perform an annual inspection.



There are no current specific rules or standards for EMS air medical services

Volunteer Scholarship Program

As of June 21, 2007, 98 applications were received and 18 agencies were reimbursed. Of the fees reimbursed, \$4,810 were for National Registry Test fee increases and \$1,060 were reimbursed for Criminal History Check fee increases.

Agencies located in Critical Access Hospital areas may continue to apply for scholarships until August 31, 2007 or until the remaining \$5,075 is expended.

More information and application forms are on the Bureau Website

*96 applications
received and
18 agencies
reimbursed*

Licensure Subcommittee Report

Franklin County Fire District, Initial BLS Non-Transport

A motion made to recommend denial of the application and have the applicant reapply was seconded and passed. One nay was voiced.

Rock Creek Fire Protection District, Initial BLS Non-Transport

Motion to recommend approval of the application was seconded and passed.

Silverwood EMS, Initial BLS Non-Transport

Motion to recommend approval of the application was seconded and passed.

Teton County Fire Protection District

Motion to recommend approval of the application was seconded and passed.

Westside EMS Inc, Initial ALS 3

Motion to recommend approval of the application was seconded and passed.



Emergency Medical Services for Children Subcommittee Report



Motion was moved and seconded to give a pediatric BLS bag and a backboard to the agencies with the most need based on the survey results.

Dr. Kenny Bramwell presented the activities of the EMS for Children Subcommittee.

Agency Survey Results

103 agencies responded (55%).

Initial results as reported by the National EMSC Data Analysis Resource Center were skewed because of combined questions for ILS and ALS providers.

Updated results with agency records are on file with the Bureau and email clarifications were sent to agencies.

On and Off Line Pediatric Medical Direction

Assess agency access to both on- and off-line medical direction at the scene of an emergency for seriously ill or injured children.

Combination of results shows 94% compliance.

Equipment Results

Assess the percentage of

pre-hospital provider agencies that have the essential pediatric equipment and supplies as outlined in the AAP/ACEP Joint Guidelines for both BLS and ALS providers.

29% compliant

Top five missing items:

Pediatric stethoscope

Pediatric-sized backboard

Extremity splints: Pediatric sizes

Suction catheters (Full range of 6F-16F and tonsil tip)

OB pack

Purpose of Hospital Survey

Assess the percentage of Idaho hospitals that have written inter-facility agreements & guidelines that specify:

Transportation of staff and equipment

Transfer of individual necessities

Individual tracking to and from the alternate care

site
Inter-facility communication

Hospital Transfer Agreements

Primary Children's Hospital in Salt Lake City created a transfer agreement. They are sending this to all hospitals in Idaho who transfer patients to them.

It was suggested this be used as a model for tertiary hospitals in Idaho and have them champion the agreement.

Pediatric Equipment

\$22,000 is available in the EMSC grant to purchase pediatric equipment for Idaho EMS agencies.

A motion was moved and seconded to give a pediatric BLS bag and a backboard to the agencies with the most need based on the survey results. The motion passed.

Proposed revisions to Dedicated Grant rules could affect FY11 grant cycle

Grants Subcommittee Report

A Task force comprised of 13 members will hold the first meeting July 12, 2007. Proposed revisions must be approved by the Board of Health & Welfare and the Legislature. The FY11 grant cycle could be affected by revised rules.

An RFP/Contract for ambulances was submitted but is still pending in the Purchasing Department. The Bureau will resubmit at the beginning of State FY08.

FY07 Training Grant Awards

Awards were made for a total of \$63,270

Awards were reimbursed for a total of \$40,390

\$4,200 was awarded for:

6 months Medical Control for Cambridge & Midvale Ambulance agencies \$3,000

Reimbursement to Meadows Valley Ambulance for expenses to retest in Boise due to test equipment malfunction \$1,200

The remaining unused funds, \$18,680, were used to assist in payment of Poison Control Contract.

Different options are being considered to better utilize funds to best benefit agencies. Suggestions from the subcommittee were:

The application should indicate that training equipment will not be funded.

100% funding could be awarded for system-based classes with a consortium of three or more agencies showing measurable ob-

jectives and results after determination of actual cost of course (instructor, CHC, testing fee, etc.).

Remainder of funds could be awarded to agencies holding independent courses at the current percent of funding.

EMSAC questioned the payment for medical control fees and asked if it was on-going. Dia replied that she didn't anticipate that it will be discontinued in the near future. EMSAC asked for more documentation and itemization of hours spent on medical direction on the invoicing.

(Continued on page 5)

(Continued from page 4)

FY08 Dedicated Equipment and Vehicle Grants

Fund Balance as of 6/28/07	\$1,080,317
Number of Applications received	74
Total \$ Requested	\$2,698,849
Total Vehicle \$ Requested	\$2,116,979
Total # of Vehicles Requested	29
Total Equipment \$ Requested	\$581,870
Total # of Equipment Items Requested	221
# of Agencies Requesting Equipment	58

Grant Evaluation Schedule

Bureau completes application evaluation	6/29/07
Bureau notifies award recipients	7/31/07
Bureau disburses funds	9/28/07
Agencies return unused funds and/or invoice documentation to Bureau	4/1/08

Miscellaneous Items

1. Ineligible Equipment List will be revised to allow cylinder loading system.
2. The Bureau has agreed to fund EPI requests.
3. Six requests were received totaling \$1,818.
4. The Subcommittee recommended funding limited to \$50 per pen.

Ineligible Grant Applications and reason for ineligibility

1. Priest Lake EMT — 11 months of financial information
2. Westside Fire District — projected financial information
3. Silver City Fire & Rescue — county refused to endorse application (*EMS Bureau reviewed meeting minutes regarding refusal and declared them eligible*)
4. Northwest Paramedic Association (Elmore County) — ineligible agency and county endorsement not signed
5. Lincoln County Sheriff's S&R — projected financial information
6. Prairie QRU — projected financial information
7. Bingham County S&R — no endorsement
8. Blackfoot Fire Department — projected financial information
9. Fort Hall Fire & EMS — projected financial information and unsigned application
10. Gibbonsville QRU — no Secretary of State filing and unendorsed

General Session Training Grants Discussion

The EMSAC body discussed how to manage unused training grant funds. Funding at 100% for courses may encourage utilization of the awards.

The question arose about the agency who is planning to have the course and as a result of "life happening", the course doesn't occur. The question was asked if these agencies should be punished and the EMSAC body said no. Diane Barker suggested that the agency document effort before eliminating an agency from the program. There needs to be accountability for mismanagement.

Another suggestion was to have a contingency plan for additional awards with returned funds and take the next agency in line. Finding the cutoff time and also allowing enough time for the next awardee is tricky. Kay Chicoine suggested looking at the percent of returned funds over the years and determining whether there are agencies who repeat this pattern.

The question of earmarking the funds for equipment was discussed. Wayne Denny reminded EMSAC that the awards fund the entire group. There isn't a cut-off agency that is next in line for available funds.

Dia Gainor commented that there is no mandate that the Bureau provide training funds to the agencies. There is no legislation or other written agreement about the use of these funds.

Discussion continued about informing applicants about drop dead dates to declare intent to use funds and deny funds to those who don't comply. Dia reminded the committee that authority to deny access to funds would need to be written in rule.

There are other educational opportunities. It would be helpful to define full funding and the mean cost to instruct. Special considerations might be examined such as mileage to a class. Dr. Sturkie recommended defining full (reasonable) funding with exceptions or unique cases. Representative cost of agency based courses would exclude the proprietary institutions.

Discussion continued with no resolution for a plan to utilize returned Training Grant funds.



The EMSAC body discussed how to manage unused training grant funds.

Emergency Medical Services Advisory Committee

P.O. Box 83720

Boise, ID 83720-0036



Mailing Address Line 1

Mailing Address Line 2

Mailing Address Line 3

Mailing Address Line 4

Mailing Address Line 5

EMS Bureau Regional Offices

North Central—Dean Neufeld

(208) 799-4390

Southwest—Denny Neibaur

(208) 334-4633

South Central—Andy Edgar

(208) 736-2162

East—Russ Pierson

(208) 525-7047

EMSAC Membership

NAME	REPRESENTING	E-MAIL ADDRESS
James Ackerman, Boise	EMT-Paramedic	boisemedic1@msn.com
Nick Albers, Orofino	Air Medical	nalbers@cebridge.net
Tom Allen, Nampa	Fire Department Based Non-Transport	allent@ci.nampa.id.us
Vicki Armbruster, Challis	Volunteer Third Service	ambulance@custertel.net
Randall Baldwin, Jerome	EMT-Basic	rbaldwin@ci.jerome.id.us
Dianne Barker, Ketchum	Consumer	diane@idahocapital.com
Lynn Borders, Post Falls	County EMS Administrator	lynnb@kootenaifire.com
Kenny Bramwell, M.D., Boise	Pediatric Emergency Medicine	kbramwell@emidaho.com
Denise Gill	Idaho Association of Counties	dgill@co.gooding.id.us
Lloyd Jensen, M.D., Pocatello	Idaho Chapter of the Amer. Academy of Pediatricians	jenslloy@isu.edu
Karen Kellie, McCall	Idaho Hospital Association	kkellie@mccallhosp.org
David Kim, M.D., Boise	Idaho Chapter of ACEP	boisedave@hotmail.com
Thomas Kraner, M.D., Boise	Committee on Trauma of the Idaho Chapter of American College of Surgeons	thomkran@sarmc.org
Robert D. Larsen, Kellogg	Private Agency	
Catherine Mabbutt, Moscow	State Board of Nursing	cmabbutt@clearwire.net
Travis Myklebust, Lewiston	EMS Instructor	tmklebust@cityoflewiston.org
Tim Rines, Ontario, Oregon	Career third service	rines@cableone.net
Ken Schwab, Driggs	County EMS Administrator	kschwab@tetonvalleyhospital.com
Murry Sturkie, D.O., Meridian	Idaho Medical Association	msturkie@emidaho.com
Vacancy	Idaho Fire Chiefs' Association	
Vacancy	Third service non-transport	